

PTO/SB/31 (08-03)

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 15270J-004741US
I hereby certify that this correspondence is being facsimile transmitted, Fax No.: 703-872-9306 to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" on October 1, 2004.		
In re Application of Dale B. Schenk		Filed November 27, 2000
Application Number 09/723,713		
For PREVENTION AND TREATMENT OF AMYLOIDOGENIC DISEASE		
Art Unit 1632	Examiner Anne Marie Sabrina Wehbe	
Signature <u>Rosemarie L. Celli</u> Typed or printed name <u>Rosemarie L. Celli</u>		
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.		
The fee for this Notice of Appeal is (37 CFR 1.17(b))		\$340.
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:		\$.
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>20-1430</u> . I have enclosed a duplicate copy of this sheet.		
<input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the		<u>Rosemarie L. Celli</u> Signature
<input type="checkbox"/> applicant/inventor.		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)		<u>Rosemarie L. Celli</u> Typed or printed name
<input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>42,397</u>		<u>650-326-2400</u> Telephone number
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a): _____		<u>October 1, 2004</u> Date
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/> Total of _____ forms are submitted.		

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